

State of Indiana

County of _____
In the _____ Court

_____)	
Plaintiff)	
)	
vs.)	Case No. _____
)	
_____)	
Defendant)	
)	

***(Insert name and specify Plaintiff or Defendant)*'S MOTION
TO DISMISS PROCEEDING SUPPLEMENTAL**

Comes now *(Insert name and specify Plaintiff or Defendant)* in the above captioned case and requests that the proceeding supplemental be dismissed.

WHEREFORE, *(Insert name and specify Plaintiff or Defendant)* asks this Court that this proceeding supplemental be dismissed, and for all other proper relief.

Date _____

Signature of Attorney

(Printed/Typed Name)

Attorney Number

Address

Certificate of Service

The undersigned hereby certifies that, on _____, a copy of the foregoing ***(Insert name and specify Plaintiff or Defendant)*'S Motion To Dismiss Proceeding Supplemental** was deposited in the United States Mail, postage paid, addressed to *(Indicate name(s) and address(es) where motion was served)*.